

Men's Participation in Reproductive Health: A Study of Some Villages in Andhra Pradesh

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EXECUTIVE SUMMARY

In the context of the new perspective that looks at men as potential partners in reproductive health, this study focuses on how men's participation encourages women to utilise health services for improving their own reproductive health. Reproductive health covers an array of issues; the present study examines the contraceptive, obstetric, and reproductive tract-related health of women. Men's participation in the present study is examined in terms of spousal communication on family planning, contraceptive usage, support extended during obstetric period, and sexual healthcare.

The study was carried out in rural areas of Andhra Pradesh. A stratified random sampling technique was used to select the villages and 223 couples for the study. The study shows that one-third of the couples were exposed to messages related to reproductive health while in 13 per cent of cases neither of the couple was exposed to any messages. Gender norms restricted women's access to information related to contraceptives, AIDS, and gynaecological health. Men were more exposed to information on AIDS. Education of couples was able to break the barriers of gender restrictions in acquiring knowledge.

The psychological perspectives of couples were examined on locus of control over pregnancy, the couples' efficiency related to use of contraception, and avoiding pregnancy. Many women assumed that they had no control over their bodies whereas men thought that they had control over their wife's body. Women had low efficiency in obtaining a temporary contraceptive method but were confident of using terminal methods. Men did not perceive matters similarly.

More than half of the couples had communication related to planning of their family. Men found it convenient if women volunteered for a tubectomy. More educated men, from forward castes, nuclear families, and with fewer children initiated the discussion. Women preferred men to initiate a discussion because they were cautious of being seen as promiscuous.

A little more than half of the couples had adopted tubectomy. More men reported usage of condoms and periodic abstinence than women. Nearly one-fifth of the women reported suffering from illness after sterilisation. Women's relatively low position and the expected gender roles within the family did not permit them to take adequate rest after tubectomy. One-fourth of the women never sought treatment because of demanding household work and lack of support from husband/family members.

The repercussions of early marriage for women are rarely viewed in the context of their health. In this study, more women underreported pre-term pregnancies for fear of being blamed in their natal families. Almost every woman had received antenatal care (96.8 per cent). When husbands decided on the need for antenatal care, women received physical, nutritional, and emotional support. Most of the husbands (64.4 per cent) were not even aware of the morbidities faced by their wives during pregnancy.

Seventy-five per cent of the wives delivered in an institution. Apart from other socioeconomic conditions, the husbands' initiative was a significant indicator in favour of wives' institutional delivery. Awareness of husbands about intrapartum morbidities was low because culturally most of these problems are not revealed to men. Only 12 per cent of women had a postpartum check-up. A majority could not take adequate postpartum care because of the expected gender roles

within the household. Though women expected support from their husbands during all three phases, most husbands never realised their need.

Premarital sexual contacts (28.7 per cent) were higher than extramarital relations (13 per cent) among men. Many men had incorrect knowledge about the need to use condoms. Seventeen per cent of men who had premarital sexual relations suffered from STDs, but only 6.2 per cent sought treatment. A majority of the women said it was their duty to fulfil their husbands' sexual desires. Most of the couples were ignorant about STDs.

Nearly 30 per cent of women suffered from menstruation-related ill health prior to marriage. One-fourth of the women were suffering from reproductive tract infections at the time of the study. Two-thirds felt it was necessary take their husbands' permission for seeking health care. Only half of them discussed illnesses with their husbands. A higher probability of seeking treatment is associated with communication between couples.

Husbands expected wives to behave appropriately with them and with elders/in-laws. Wives thought similarly. One-third of the husbands believed in controlling their wives by verbal abuse or by beating. More than half of the husbands, and one-fifth of the wives, reported family violence. A few women had to seek medical help after the violence. Domestic violence is significantly associated with contraceptive morbidity, home delivery, and postpartum morbidity.